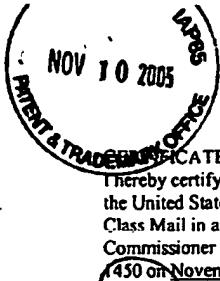


United States Patent and Trademark Office
- Sales Receipt -

11/18/2005 BDENNY 00000005 062425 10611696

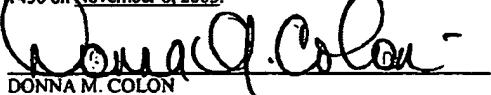
01 FC:2202 625.00 DA
02 FC:2201 400.00 DA

PATENT



CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 8, 2005.


DONNA M. COLON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/611,696
Applicant : Budimir Drakulic
Filed : July 1, 2003
Art Unit : 3736
Examiner : Unknown

Docket No.: : RECOM-64414
Customer No. : 24201

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FOURTH PRELIMINARY AMENDMENT

Dear Sir:

Please enter the following claims prior to examination of the application.

IN THE CLAIMS:

Claim 1 (previously amended) In combination for providing at selective positions on a patient's skin signals representing the patient's parameters at these positions,

an electrode constructed to be attached to the patient's skin at one of the selective positions to provide signals indicative of the parameters on the patient's body at the one of the selective positions,

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

10/6/11 696
Application or Docket Number
706011696
RECOM-6441Y

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	34
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	34 minus 20 = 14
INDEPENDENT CLAIMS	5 minus 3 = 2
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	34	Minus	34	<input checked="" type="checkbox"/>
Independent	5	Minus	5	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY TYPE OTHER THAN SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$9-	81	OR X\$18-	<input type="checkbox"/>
X42-	84	OR X84-	<input type="checkbox"/>
+140-	<input type="checkbox"/>	OR +280-	<input type="checkbox"/>
TOTAL	585	OR TOTAL	<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$9-	<input type="checkbox"/>	OR X\$18-	<input type="checkbox"/>
X42-	<input type="checkbox"/>	OR X84-	<input type="checkbox"/>
+140-	<input type="checkbox"/>	OR +280-	<input type="checkbox"/>
TOTAL ADDIT. FEE	<input type="checkbox"/>	OR TOTAL ADDIT. FEE	<input type="checkbox"/>

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	34	Minus	34	60
Independent	5	Minus	5	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$9-	54	OR X\$18-	<input type="checkbox"/>
X42-	42	OR X84-	<input type="checkbox"/>
+140-	<input type="checkbox"/>	OR +280-	<input type="checkbox"/>
TOTAL ADDIT. FEE	148	OR TOTAL ADDIT. FEE	<input type="checkbox"/>

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	59	Minus	34	23
Independent	9	Minus	5	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$9-	625.00	OR X\$18-	<input type="checkbox"/>
X42-	400.00	OR X84-	<input type="checkbox"/>
+140-	<input type="checkbox"/>	OR +280-	<input type="checkbox"/>
TOTAL ADDIT. FEE	1025	OR TOTAL ADDIT. FEE	<input type="checkbox"/>

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.